



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 2, 2011

Mr. James Beeler, Administrator
Rowan Court Health & Rehab
378 Prospect Street
Barre, VT 05641-5421

Provider #: 475037

Dear Mr. Beeler:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **September 20, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED
Division of

PRINTED: 11/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	NOV 21 11 (X3) DATE SURVEY COMPLETED C 09/20/2011
NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	
F 281	<p>An unannounced on-site complaint investigation was completed on 9/20/11 by the Division of Licensing and Protection. The following are regulatory violations:</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide services that met professional standards of care for 1 applicable resident who receives gastrostomy tube feedings. (Resident #1) Findings include:</p> <p>1. Per observation on 09/20/11 at 2:00 PM, Resident #1 was sitting in bed at an angle less than upright during a tube feeding and remained at this angle for greater than 1 hour afterwards. Per record review, a physician's order dated 09/15/11 and the current care plan both state "the HOB must be 45 degrees at all times with the exception of pericare ... may eat pleasure food when out of bed". Per observation and interview at 3:03 PM, the unit manager and nurse surveyor measured the angle of the bed with a protractor and the angle was 30 degrees. Per interview at 3:30 PM, the Unit Manager and DNS (Director of Nursing Services) confirmed that the head of the bed was not at 45 degrees during and after the observed feeding and that the written care plan as well as the physician's orders were not followed.</p>	F 281	<p>F 281</p> <p>No residents were harmed by this alleged deficit practice</p> <p>All Registered Nurses and Licensed Practical Nurses will be inserviced on Lippincott's tube feeding policy.</p> <p>The LNA lists will be updated with proper positioning guidelines for tube fed residents.</p> <p>All care plans of residents requiring tube feedings will be reviewed for specific positioning guidelines.</p> <p>All LNA's will be inserviced on proper positioning for tube fed residents.</p> <p>A protractor will be attached to each bed of a resident receiving tube feeding to ensure bed is in proper position.</p> <p>Audits of all residents that require tube feeding will be done weekly x 90 days. The audits will be reviewed at the facility QA meeting x 90 days.</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

11/14/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
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F 281 Continued From page 1

Refer also to F322 and F282.

Reference: Lippincott Nursing Manual; Williams
& Wilkins, 8th edition, page 724.

F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED
SS=D PERSONS/PER CARE PLAN

The services provided or arranged by the facility
must be provided by qualified persons in
accordance with each resident's written plan of
care.

This REQUIREMENT is not met as evidenced
by:

Based on record review and interview, the facility
failed to provide services in accordance with the
written plan of care for 1 applicable resident
regarding care during and/or after a gastrostomy
feeding. (Resident #1) Findings include:

1. Per observation on 09/20/11 at 2:00 PM,
Resident #1 was sitting in bed at an angle less
than upright during a tube feeding and remained
at this angle for greater than 1 hour afterwards.
Per record review, a physician's order dated
09/15/11 and the current care plan both state
"the HOB must be 45 degrees at all times with
the exception of pericare ... may eat pleasure
food when out of bed." Per observation and
interview at 3:03 PM, the unit manager and nurse
surveyor measured the angle of the bed with a
protractor and the angle was 30 degrees. Per
interview at 3:30 PM, the Unit Manager and DNS
(Director of Nursing Services) confirmed that the
head of the bed was not at 45 degrees during and
after the observed feeding and that the written

F 281

The DNS/designee will be responsible
for compliance.

Corrective Action Completion Date:
October 14, 2011

F 282

F281 POC accepted 11/30/11 Amata RN

F 282

No residents were harmed by this
alleged deficit practice

All Registered Nurses and Licensed
Practical Nurses will be inserviced on
Lippincott's tube feeding policy.

The LNA lists will be updated with
proper positioning guidelines for tube
fed residents.

All care plans of residents requiring
tube feedings will be reviewed for
specific positioning guidelines.

All LNA's will be inserviced on proper
positioning for tube fed residents.

A protractor will be attached to each
bed of a resident receiving tube feeding
to ensure bed is in proper position.

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NAME OF PROVIDER OR SUPPLIER ROWAN COURT HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 373 PROSPECT STREET BARRE, VT 05641		
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F 282	Continued From page 2 care plan as well as the physician's orders were not followed. Refer also to F281 and F322.	F 282	Audits of all residents that require tube feeding will be done weekly x 90 days. The audits will be reviewed at the facility QA meeting x 90 days.		
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on record review and interview, 1 applicable resident who is fed by gastrostomy tube failed to receive the appropriate treatment and services to prevent aspiration pneumonia and vomiting. (Resident #1) Findings include: 1. Per observation on 09/20/11 at 2:00 PM, Resident #1 was sitting in bed at an angle less than upright during a tube feeding and remained at this angle for greater than 1 hour afterwards. Per record review, a physician's order dated 09/15/11 and the current care plan both state "the HOB must be 45 degrees at all times with the exception of pericare ... may eat pleasure food when out of bed." Per observation and interview at 3:03 PM, the unit manager and nurse surveyor measured the angle of the bed with a protractor and the angle was 30 degrees. Per interview at 3:30 PM, the Unit Manager and DNS	F 322	The DNS/designee will be responsible for compliance. Corrective Action Completion Date: October 14, 2011 F282 PDC accepted 11/30/11 <i>Amcota RN</i> F 322 No residents were harmed by this alleged deficit practice All Registered Nurses and Licensed Practical Nurses will be inserviced on Lippincott's tube feeding policy. The LNA lists will be updated with proper positioning guidelines for tube fed residents. All care plans of residents requiring tube feedings will be reviewed for specific positioning guidelines. All LNA's will be inserviced on proper positioning for tube fed residents. A protractor will be attached to each bed of a resident receiving tube feeding to ensure bed is in proper position.		

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			(X5) COMPLETION DATE

F 322 Continued From page 3

(Director of Nursing Services) confirmed that the head of the bed was not at 45 degrees during and after the observed feeding and that the written care plan as well as the physician's orders were not followed.

Refer also to F281 and F282.

F 322

Audits of all residents that require tube feeding will be done weekly x 90 days.
The audits will be reviewed at the facility QA meeting x 90 days.

The DNS/designee will be responsible for compliance.

Corrective Action Completion Date:
October 14, 2011

F322 POC accepted 11/30/11 Amcota EN